

Nutrition And WIC Services Management Evaluation Tool Special Formula Authorization

Agency / Clinic: _____

Date of Review: _____

Reviewer(s): _____

Complete form with client name and formula requested. Place a check mark in column if information available/correct. Write comments on back.

Client Name	Formula	Authorization Form Available	Acceptable Diagnosis	Rx Issuance Length	Rx Signature	Rx Date	LA use section	Authorization in KWIC matches form	Appropriate trials documented in KWIC
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

Total Charts Reviewed with Errors _____

Total Charts Reviewed _____

Percent of Charts Reviewed with Errors _____